

# DELTA Dental Plan

	<b>DELTA</b>	
<b>Choice of Dentist</b>	Choose any dentist you wish for services and receive applicable benefits. Save the most with a Delta Dental PPO network participating dentist. Percentages below are based on Delta's applicable allowances and not the dentist's actual charge. Payments to non preferred providers are based on Reasonable and Customary (not billed) charges.	
<b>Maximum Benefit/Deductible</b>	\$1,000 per year per person \$50 deductible per year per person; \$150 family maximum	\$1,500 per year per person \$50 deductible per year per person; \$150 family maximum
<b>Type I</b>  0150 Comprehensive Oral Evaluation -New or Established 0120 Periodic Oral Exam X-rays 1110/20 Prophylaxis 1203 Fluoride Treatment (children up to the age 19) 1351 Sealant - per tooth 1510 Space Maintainers	<b>STANDARD Plan Pays</b> (No deductible) 100% 100% 100% 100% (Twice per calendar year) 100%, 2x per year 100% to age 16 100% to age 19	<b>ENRICHED Plan Pays</b> (No deductible) 100% 100% 100% 100% (Twice per calendar year) 100%, 2x per year 100% to age 16 100% to age 19
<b>Type II</b> Fillings: (resin) 2330 one surface 2331 two surfaces 2332 three surfaces 2335 four or more surfaces  Root canals: 3310 Anterior 3320 Bicuspid 3330 Molar 3410 Apicoectomy  Extractions: 7111 Single tooth 7140 Extraction, erupted tooth or exposed tooth 7210 Surgical extraction of erupted tooth  Periodontics: (gum treatment) 4341 Periodontal scaling & root planning-per quadrant 4210 Gingivectomy/gingivoplasty - per quadrant 4910 Periodontal maintenance procedures	 *  100% PDP/ 75% NON PDP 100% PDP/ 75% NON PDP 100% PDP/ 75% NON PDP 100% PDP/ 75% NON PDP  75% 75% 75% 75%  75% 75% 75%  75% 75% 75%	 *  100% PDP/ 75% NON PDP 100% PDP/ 75% NON PDP 100% PDP/ 75% NON PDP 100% PDP/ 75% NON PDP  75% 75% 75% 75%  75% 75% 75%  75% 75% 75%
<b>Type III</b> Crown & Bridge 2930 Prefabricated stainless steel primary tooth 2791 Crown full cast predominately base metal 2751 Crown Porcelain fused to base metal  Pontics: 6210 Full cast 6240 Porcelain fused to metal  Prostodontics (Dentures) 5110 Complete upper 5120 Complete lower 5213/14 Partial upper or lower - cast metal base	 *  50% 50% 50%  50% 50%  50% 50% 50%	 *  50% 50% 50%  50% 50%  50% 50% 50%
<b>ORTHODONTIA</b> Consultation Evaluation Records Children - Normal Class II Adult - Normal Class II 8750 Retention	Not Covered Not Covered Not Covered Not Covered Not Covered Not Covered	Adult & Children covered at 50% after a one time deductible of \$50 per person. \$1,000 lifetime maximum
<b>VISION</b> Examination Single Vision Lenses Bifocal Lenses Trifocal Lenses Contact Lenses - Non-Elective Contact Lenses - Elective Frames	Not Covered Not Covered Not Covered Not Covered Not Covered Not Covered Not Covered	Not Covered Not Covered Not Covered Not Covered Not Covered Not Covered Not Covered

\* All Type II and III charges subject to annual deductible

\* The above reimbursements are exclusive of gold.

2010 MIAMI-DADE COUNTY PRE-PAID DENTAL PLAN COMPARISON

	ADP DENTAL PLAN		OHS DENTAL PLAN	
Choice of Dentist	Limited to Participating Dentists in Private Practice		Limited to Participating Dentists in Private Practice	
Maximum Benefit/Deductible	No Maximum No Deductible		No Maximum No Deductible	
Type I	STANDARD*	ENRICHED	STANDARD*	ENRICHED
	You Pay*	You Pay	You Pay*	You Pay
0150 Comprehensive Oral Evaluation -New or Established	No Charge	No Charge	No Charge	No Charge
0120 Periodic Oral Exam	No Charge	No Charge	No Charge	No Charge
X-rays	No Charge	No Charge	No Charge	No Charge
1110/20 Prophylaxis	No Charge (Once every 6 months)	No Charge (Once every 6 months)	No Charge (Once every 6 months)	No Charge (Once every 6 months)
1203 Fluoride Treatment (children up to the age 19)	No Charge	No Charge	No Charge	No Charge
1351 Sealant - per tooth	7.00	7.00	6.00	No Charge
1510 Space Maintainers	35.00	35.00	40.00	No Charge
Type II				
Fillings: (Resin)				
2330 one surface	UCR Less 25%	12.00	10.00	No Charge
2331 two surfaces	UCR Less 25%	20.00	18.00	No Charge
2332 three surfaces	UCR Less 25%	25.00	23.00	No Charge
2335 four or more surfaces	UCR Less 25%	UCR Less 25%	60.00	60.00
Root canals:				
3310 Anterior	95.00	95.00	90.00	45.00
3320 Bicuspid	135.00	135.00	155.00	90.00
3330 Molar	175.00	175.00	200.00	145.00
3410 Apicoectomy	65.00	65.00	75.00	65.00
Extractions:				
7111 Single tooth	No Charge	No Charge	No Charge	No Charge
7140 Extraction, erupted tooth or exposed tooth	No Charge	No Charge	No Charge	No Charge
7210 Surgical extraction of erupted tooth	20.00	20.00	15.00	No Charge
Periodontics: (gum treatment)				
4341 Periodontal scaling & root planning-per quadrant	37.50	37.50	40.00	40.00
4210 Gingivectomy/gingivoplasty - per quadrant	105.00	105.00	120.00	90.00
4910 Periodontal maintenance procedures	UCR Less 25%	35.00	25.00	25% Discount
Type III				
Crown & Bridge				
2930 Prefabricated stainless steel primary tooth	35.00	35.00	25.00	No Charge
2791 Crown full cast predominately base metal	185.00**	185.00**	210.00*	175.00*
2751 Crown Porcelain fused to base metal	200.00**	200.00**	210.00*	175.00*

2010 MIAMI-DADE COUNTY PRE-PAID DENTAL PLAN COMPARISON

	ADP DENTAL PLAN		OHS DENTAL PLAN	
Pontics:				
6210 Full cast	185.00**	185.00**	25% Discount	25% Discount
6240 Porcelain fused to metal	200.00**	200.00**	25% Discount	25% Discount
Prosthodontics (Dentures)				
5110 Complete upper	200.00	200.00	230.00	205.00
5120 Complete lower	200.00	200.00	230.00	205.00
5213/14 Partial upper or lower - cast metal base	250.00	250.00	275.00	240.00
<b>ORTHODONTIA</b>				
Consultation	No Charge	No Charge	25% Discount	No Charge
Evaluation	UCR Less 25%	35.00	25% Discount	25.00
Records	UCR Less 25%	250.00	25% Discount	200.00
Children - Normal Class II	UCR Less 25%	1400.00	25% Discount	1400.00
Adult - Normal Class II	UCR Less 25%	1950.00	25% Discount	1950.00
8750 Retention	Additional	Additional	25% Discount	25% Discount
	*STD Plan fee apply to participating General Dentist only.	**Co-payments are exclusive of gold.	*Cost of high noble metal additional.	